

AGENDA TITLE:

APPROVED: _

COUNCIL COMMUNICATION

PREPARED	BY: City Clerk
RECOMMEN	IDED ACTION: No action - information only.
BACKGROL	Copies of applications for Alcoholic Beverage Control Licenses have been received from the State of California Department of Alcoholic Beverage Control for the following:
a)	Jose R. Tapia to Juan Garcia, El Nuevo Guadalajara, 121 North Sacramento Street, Lodi, On Sale Beer and Wine, Person to Person Transfer;
b)	Jose R. Tapia to Juan Garcia, Rainbow Club, 116 North Sacramento Street, Lodi, On Sale Beer and Wine, Person to Person Transfer; and
c)	Guiseppe Cusumano to Tammy S. Lagorio, Jo Jo, 2400 West Turner Road #102, Lodi, On Sale Beer and Wine, Person to Person Transfer.
West Turner	acramento and 116 North Sacramento are zoned C-M, Commercial-Light Industrial, and 2400 Road is zoned PD1, Planned Development 1, Commercial . These are appropriate zonings es of Alcoholic Beverage Control licenses.
	Hansen will be present at the meeting to state opposition to the ABC licenses at El Nuevo and the Rainbow Club.
FUNDING:	None required.
	Jennifer M. Ferrin
	City Cicit

THOMAS A. PETERSON City Manager

Communications (December 29, 1994 through January 11, 1995)



RECEIVED
SINDEC 30 PM 1: 39

Issued Date

TO:

Department of Alcoholic Beverage Control 31 East Channel Street, Room 168 P.O. Drawer 150 Stockton, CA 95201 (209) 948-7739

STOCKTON

DISTRICT SERVING LOCATION:

Name of Business: Location of Business:

Number and Street City, State Zip Code County

Is premise inside city limits?

Mailing Address:

(If different from premise address)
If premise licensed:

Type of license
Transferor's names/license:

0.00...

121 N SACRAMENTO ST LODI CA 95240 SAN JOAQUIN

121 N SACRAMENTO APT 3

LODI CA 95240

TAPIA JOSE R 52139

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 41 ON-SALE BEER AND 2. 41 ON-SALE BEER AND	W PERSON TO PERSON TRANS W ANNUAL FEE	NA NA	YES YES	0	DEC 28,1994 DEC 28,1994	\$150.00 : \$205.00 :
3. NA NO LICENSE TYPE	STATE FINGERPRINTS	NA	YES	0	DEC 28,1994	\$39.00 :
					TOTAL	\$394.00

Have you ever been convicted of a felony? NO

Have you ever violated any provisions of the Alcoholic Beverage Control Control Act, or regulations of the department pertaining to the Act? NO

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of SAN JOAQUIN

Date **DEC 28,1994**

Receipt Number......1015571

Geographical Code.....3902 Copies Mailed Date 13-29-94

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this applicant on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

GARCIA JUAN P

JUAN96ABCIA

LICENSE ACTION REQUEST

DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

			2. AND LICENSE NUMBE	
1. NAME Jose R. Tap	pia		41-52139	. H
3. DBA El Nuevo Gu	nadal a jara		4. DISTRICT OFFICE Stockton	
5. PREMISES ADDRESS	CITY A	ND ZIP	6. LICENSE ATTACHED	
121 N.Sacramen	nto St., Lodi, CA 952			☐ Yes ☐ No
ADDI ICATION	TO TRANSFER LI	CENSE		
	uan Garcia	CENSE		
Under penalty of perjury, each pe	erson whose signature appears below, certifies	and says: (1) He is the licensee, or an er	secutive officer of the corporate	licensee, named in the foregoing transfe
application, duly authorized to mi	ake this transfer application on its behalf; (2) tion indicated on the upper portion of this app	that he hereby makes application to surre- plication form, if such transfer is approve	nder all interest in the attached d by the Director; (3) that the i	license(s) described below and in course transfer application or proposed transfer in
not made to satisfy the payment of	of a loan or to fulfill an agreement entered into r any creditor of transferor or to defraud or i	more than ninety days preceding the day	on which the transfer applican	ion is filed with the Department or to gai
licensee with no resulting liability	to the Department.	The Name(s) of Licen		of Licensee(s)
Name(s) of Licensee(s)	Significant of the second	The trees, or trees	See(3) Signature(3)	or Escensee(s)
a Jose R. Tapia	/ x 3 C / 1	d		
b.	/ /	e.		
C.		(.		
CANCELLATI	ON Immediately IU	pon Issuance Other: _		
	icel my license because I an		I understand my	license cannot be
reactivated or re		n no longer in ousiness.	I unucistand my	needse cannot be
8. DATE CLOSED	9. SIGNATURE	10.	DATE	11. HOME TELEPHONE NUMBER
	X			()
understand that the lice	ny license for a period of not mor nse must be renewed at the time re proceed to automatically cancel m	enewal fees are due or the licen ny license at the expiration of the	se will be automatically ne one-year period if no	y revoked. I further understand of transferred or reactivated.
13. DATE CLOSED	14 SIGNATURE	15.	DATE	16. HOME TELEPHONE NUMBER
12. MAILING ADDRESS				
REQUEST FOI	R SURRENDER OF	RETAIL LICENSE	FOR TEMPO	DRARY PERMIT
	45.5(b) OF THE ALCOHOLIC B			
17. SURRENDER DATE	18. TEMPORARY PERMIT NUMBER		19. EFFECTIVE DATE	20. EXPIRATION DATE
21. TRANSFEREE				
. 	Importa	ant Notice to Lice	nsee	
All licenses surrendered will be a	automatically revoked if the renewal fees are			ct Office. The surrendered license will
automatically cancelled upon tran	sfer to the temporary permittee. If the transfer	r annication is denied or withdrawn:		
qualifications of the licensed				
under the provisions of Rule	65. The effective date of Rule 65 surrender	will be the date of application, denial, or	withdrawal.	
APPLICATION 1	FOR:	1) temp.		
☐ Temporary Retail I	Permit Duplicate License	e 💹 🗌 Manage	r	
Caterer's Permit	09 Importer's Lice		IAME:	
	Cabinet 12 Importer's Lice			
Portable Bar Licer		SB N	IAME:	24. DATE
	going and know the contents thereof.	()		
SIGNATURE X 25. MAILING ADDRESS				
FOR DEPARTMEN	IT USE ONLY Prem	ises Abandoned	Attached Requesting	Other:
		Surrer	nder or Cancellation	



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94 GEC 30 PM 4: 39

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO:

Department of Alcoholic Beverage Control 31 East Channel Street, Room 168 P.O. Drawer 150 Stockton, CA 95201

(209) 948-7739

Issued Date

Receipt Number......1015601 Geographical Code......3902 Copies Mailed Date 12-29-94

File Number......304382

DISTRICT SERVING LOCATION:

Name of Business: Location of Business:

Number and Street City, State Zip Code County

Is premise inside city limits?

Mailing Address:

(If different from premise address)

If premise licensed: Type of license Transferor's names/license: STOCKTON

116 N SACRAMENTO ST **LODI CA 95240**

121 N SACRAMENTO APT 3

LODI CA 95240

SAN JOAQUIN

TAPIA JOSE R 184688

License Type	Transaction Type	Fee Type Master	Dup Date	Fee
1. 42 ON-SALE BEER AND 1 2. 42 ON-SALE BEER AND 1	N PERSON TO PERSON TRANS	NA YES NA YES	0 DEC 28,1994 0 DEC 28,1994	\$150.00 : \$205.00 :
			TOTAL	\$355.00

Have you ever been convicted of a felony? NO Have you ever violated any provisions of the Alcoholic Beverage Control Control Act, or regulations of the department pertaining to the Act? NO

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of SAN JOAQUIN

Date DEC 28,1994

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

GARCIA JUAN P

ARUI4

LICENSE ACTION REQUEST

STATE OF CALIFORNIA

FIGEROF ACTION HEAGEST		ACCORDE SEVENCE CONTROL
1. NAME Jose R. Tapia	42–184688	
3. DBA	4. DISTRICT OFFICE	
Rainbow Club	Stockton 6. LICENSE ATTACHED	
5. PREMISES ADDRESS 116 N. Sacramento St., Lodi, CA 95240		Yes 🗌 No
APPLICATION TO TRANSFER LICENSE		
7. Transfer to: Juan Garcia Under penalty of perjury, each person whose signature appears below, certifies and says. (1) He is the licensee, or an or	recording of the company lie	
application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to sur- same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved to satisfy the payment of a loan or to fulfill an agreement entered into more than innery days preceding the di- or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that licensee with no resulting liability to the Department.	ender all interest in the attached lice ed by the Director; (3) that the transity on which the transfer application	ensets) described below and to transfer sfer application or proposed transfer is its filed with the Department or to apply
Name(s) of Licensee(s) Signature(s) of Licensee(s) Name(s) of Licensee(s)	nsee(s) Signature(s) of	Licensee(s)
a Jose Tapia		
a Don De Policia		
To the contraction		
c. / L		
CANCELLATION		
I voluntarily cancel my license because I am no longer in business. reactivated or reinstated.	I understand my lic	ense cannot be
8. DATE CLOSED 9. SIGNATURE 10	. DATE 1	I. HOME TELEPHONE NUMBER
x	()
SURRENDER - Rule 65	her:	
I voluntarily surrender my license for a period of not more than one year. I intend to I understand that the license must be renewed at the time renewal fees are due or the licentat the Department will proceed to automatically cancel my license at the expiration of the second secon	ise will be automatically re	voked. I further understand
18. S. W. C. S.	DATE	B. HOME TELEPHONE NUMBER
12. MAILING ADDRESS		
REQUEST FOR SURRENDER OF RETAIL LICENSI	E FOR TEMPOR	RARY PERMIT
UNDER SECTION 24045.5(b) OF THE ALCOHOLIC BEVERAGE CONTROL ACT		
17. SURRENDER DATE 18. TEMPORARY PERMIT NUMBER	19. EFFECTIVE DATE	20. EXPIRATION DATE
21. TRANSFEREE		
Important Notice to Lice		
All licenses surrendered will be automatically revoked if the renewal feets are not paid. Any change of mailing address automatically cancelled upon transfer to the temporary permittee. If the transfer application is denied or withdrawn: (a) If the transferor intends to resume operation of the licensed business he must request the rerum of the surrendered liquidifications of the licensed premises. (b) If the transferor does not intend to resume operation of the licensed business and does not request return of the surunder the provisions of Rule 65. The effective date of Rule 65 surrender will be the date of application, denial, or	cense and establish that there has be endered license then the Departmen	een no change in the ownership or the
	· · · · · · · · · · · · · · · · · · ·	
APPLICATION FOR: Temporary Retail Permit Duplicate License: Manage	ſ	
	IAME:	
☐ Controlled Access Cabinet ☐ 12 Importer's License ☐ Food L		
	AME:	24. DATE
1	#⊆ (************************************	Z4. UATE
SIGNATURE X 25. MAILING ADDRESS		
	Attached Requesting nder or Cancellation	Other:



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91.0F0.29 AM 8: 13

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S) PRARIE

TO:

Department of Alcoholic Beverage Control 31 East Channel Street, Room 168

P.O. Drawer 150 Stockton, CA 95201 (209) 948-7739

DISTRICT SERVING LOCATION:

Name of Business:

Location of Business:

Number and Street City, State Zip Code

County

Is premise inside city limits?

Mailing Address:

(If different from premise address)

If premise licensed: Type of license

Transferor's names/license:

.304339 File Number.....

Receipt Number.....1015455 Geographical Code.....3902 Copies Mailed Date 13-37-94

Issued Date

STOCKTON

2400 W TURNER RD 102

LODI CA 95242 SAN JOAQUIN

2631 N BEECHER RD STOCKTON CA 95215

CUSUMANO GUISEPPE 229983

Licens	e Type	Transaction Type	Fee Type	Master	Dup	<u>Date</u>	<u>Fee</u>
	ON-SALE BEER AND W TEMPORARY RETAIL P		NA NA NA NA	YES YES YES YES	0 0 0	DEC 27,1994 DEC 27,1994 DEC 27,1994 DEC 27,1994	\$150.00 : \$205.00 : \$100.00 : \$39.00 :
	110 21031102 1112		••••			TOTAL	\$494.00

Have you ever been convicted of a felony? NO

Have you ever violated any provisions of the Alcoholic Beverage Control Control Act, or regulations of the department pertaining to the Act? NO

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of SAN JOAQUIN

Date DEC 27,1994

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicants business to be conducted under the license(s) for which this application is made: (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than nineity (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

LAGORIO TAMMY S

LICENSE ACTION EQUEST

STATE OF CALIFORNIA
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

	7,0,1,0,1			
1. NAME Gui sepp	e Cusumano	2. /	ABC LICENSE NUMBER 41-229983	R
3. DBA	- Cusumano		DISTRICT OFFICE Stockton	
JO JO	CITY AND ZIP		ICENSE ATTACHED	
	r Rd 102, Lodi, CA 95240	0.0	JOERGE ATTAONED	☐ Yes ☐ No
APPLICATIO	N TO TRANSFED LICENS	រ		
7. Transfer to:	ON TO TRANSFER LICENS	L.		
Under penalty of perjury, each	h person whose signature appears below, cernifes and says. (1)	He is the licensee, or an executiv	e officer of the corporate	licensee, named in the foregoing transfer
ame to the applicant and/or I	o make this transfer application on its behalf; (2) that he hereby location indicated on the upper portion of this application form.	if such transfer is approved by the	he Director; (3) that the tr	ransfer application or proposed transfer is
or establish a preference to or licensee with no resulting liab	ent of a loan or to fulfill an agreement entered into more than not in for any creditor of transferor or to defraud or injure any cred pullor to the Department.	itor of transferor; (4) that the tra	nsfer application may be	withdrawn by either the applicant or the
Name(s) of Licensee(s)		Name(s) of Licensee(s)	Signature(s)	of Licensee(s)
. Cuiganna Cug	Wang (XI)			
	sumano Syluseffe Gusunau			
<u>b</u>		<u>e</u>		
с.		f.		
CANCELLA	TION ☐ Immediately ☐ Upon Issua	nce 🗌 Other:		
_	cancel my license because I am no long		inderstand my !	icense cannot be
reactivated or		ye. in business. I t		TOTAL CRAME OF
8. DATE CLOSED	9. SIGNATURE	10. DATE	:	11. HOME TELEPHONE NUMBER
1	x			()
SURRENDER	R - Rule 65 Immediately Upon	Issuance C Other		NNA1
I voluntarily surrende	er my license for a period of not more than one	year. I intend to ITr	ansfer 🔲 React	tivate the licerse
I understand that the li	icense must be renewed at the time renewal fees	are due or the license wi	ill be automatically	revoked. I further understand
that the Department w	vill proceed to automatically cancel my license a			
13. DATE CLOSED	14 SIGNATURE	15. DATE	:	18. HOME TELEPHONE NUMBER
12. MAILING ADDRESS	X			
		·		
REQUEST FO	OR SURRENDER OF RETAI	L LICENSE F	OR TEMPO	RARY PERMIT
	4045.5(b) OF THE ALCOHOLIC BEVERAGI			
17 SURRENDER DATE		19.	EFFECTIVE DATE	20. EXPIRATION DATE
1-3-95	304339		1-3-95	3-3-95
21. TRANSFEREE	agaria			
Tammy S. La				
	•	tice to Licens		
automatically cancelled upon	be automatically revoked if the renewal fees are not paid. Any transfer to the temporary permittee. If the transfer application is	denied or withdrawn		
(a) If the transferor intends to	o resume operation of the licensed business he must request the research premiers	return of the surrendered license a		
(b) If the transferor does not	intend to resume operation of the licensed business and does no Rule 65. The effective date of Rule 65 surrender will be the date	request return of the surrendere e of application, denial, or withdi	d license then the Departr rawal.	ment will proceed to hold the license
APPLICATION		······································		
▼ Temporary Reta		☐ Manager		
Caterer's Permi	<u> </u>	NAME	<u>:</u>	
	ess Cabinet	Food Lesse	ө	
Portable Bar Lic	— —	NAME	<u>:</u>	
22. I/We have read the	oregoing and know the contents thereof.	23. TELEPHONE NUM	IBEA	24. DATE
	use yl busunano	()		
25. MAILING ADDRESS	18			
FOR DEPARTM	ENT USE ONLY Premises Aband		ched Requesting	Other:
i		Surrender	or Cancellation	